

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TITLE OF THE INVENTION: MEDICATION CART DRAWER LINER AND
METHOD FOR USING SAME TO REDUCE
NOSOCOMIAL INFECTIONS

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Related Applications

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Field of the Invention

The present invention relates generally to patient care equipment used in hospitals, nursing homes, psychiatric centers, hospices and similar facilities. More particularly, the invention relates to methods and apparatus for storing and dispensing medicines and other patient care supplies in a manner that reduces the risk of infection and cross contamination.

Background of the Invention

It is a known problem that patients entering a hospital or other care giving facility are at risk of contracting infections and other diseases that are the result not of the patients' underlying illness, but of the patients' close proximity to and contact with patient care equipment and personnel during treatment. These inflections, known as nosocomial infections, may have a variety of sources. For example, even though patient care equipment or medicine may be sterile, if the container holding the equipment is not also sterile an infectious agent may be transmitted from the container to the equipment and ultimately to the patient. The Center for Disease Control estimates that 1 in 20 patients (2 million per year) acquire infections in the hospital. It is estimated that nosocomial infections from all microorganisms directly cause 19,000 deaths per year and contribute to 58,000 deaths per year, which makes them the 11th leading cause of death in the US.

Normally, hospitals and other patient care facilities classify nosocomial infection prevention measures into three general categories, based on the nature of the patient care equipment involved. Critical items (such as surgical instruments, catheters and implants) are sterilized, with the objective of destroying all forms of microbial life. Semicritical items (such as fiberoptic endoscopes and endotracheal tubes) often are subjected to a disinfection procedure. Disinfection in this context is intended to destroy vegetative microorganisms, most fungal spores, tubercle bacilli, and small nonlipid viruses. Noncritical items (such as medication carts, bins, bedboards and blood pressure cuffs) receive a simple cleaning which is designed to remove rather than to kill microorganisms.

An underestimated problem with traditional three tiered prevention measures is the cross contact between critical, semicritical and noncritical patient care items in the course of treatment. An additional complicating factor is the interaction of patient care personnel with these items in the course of providing treatment to patients. Specifically, the present invention is directed to reducing the risk of nosocomial infection transmission through cross contact related to the use and care of medication carts.

Commonly, medication carts are comprised of multiple metal or plastic drawers or bins (used as interchangeable terms in this specification) in a mobile cabinet. The drawers are filled with medication in various solid or liquid forms and related patient care equipment. Each medication drawer is designated for the use of a single patient. Ideally, when a patient is released or transferred, or after a predetermined passage of time, that drawer is cleaned and reused for another patient. Presently, however, there are no standards or documented procedures for the cleaning and reusing of medication bins. Bins are frequently reused without the necessary cleaning, in part because a lack of adequate cleaning does not hinder the use of the bin as a container for medication or patient care equipment. In addition, bins are commonly designated to a specific patient by gummed labels that are only partially removable after use. Subsequent labels sometimes fall off and the sticky residue from multiple labels becomes another potential host site for bacteria and pathogens which may be transferred to the medication and then to the patient through repeated contact by the care giver with the host site in the process of providing curative or palliative care.

It is therefore a problem with conventional medication bins that the bins receive inadequate cleaning and become a site for the transmission of nosocomial infections. What is needed is a way for patient care facilities (or others responsible for the care and maintenance of medication carts) to insure that medication and other patient care equipment is transported to the patient in a medication bin that reliably and repeatedly minimizes the risk of nosocomial infection.

Summary of the Invention

The present invention is directed to medication bin liners that are lightweight and disposable after a single use. The invention is also directed to the use of these bin liners. A significant advantage of the present invention over prior art methods and devices is that there is no cleaning step involved. Whenever a bin liner is soiled, it can be immediately disposed of and replaced with another liner. In one embodiment, the bin liner can have a bottom of sufficient strength so that the medication bin itself does not require a bottom. This embodiment makes it impossible for patient care personnel to use the bins without including a disposable liner.

It is also a feature and an advantage of the present invention that each liner has a tapered form that allows multiple liners to be stored in a nested arrangement, saving storage space. The liners may be color coded for various applications or patient types and gummed color labels may also be used without need for later removal and replacement. In addition, each bin is formed to receive dividers for segmenting individual bins into smaller storage spaces. The invention also embraces both permanent and disposable dispensing systems to manage the distribution of bin liners at a facility.

Further features of the present invention relate to the use of a sealed cover for the bin liner to protect the contents of the bin during storage and/or transport. In addition, the bin liner may be provided with a variety of bottom configurations to protect the bin contents from inadvertent breakage and/or to facilitate the organized storage or arrangement of the bin contents.

It is known that the inventions are applicable to uses in patient care facilities, home health care facilities, and at the site of service providers to the health care and pharmaceutical industries. Applications of the inventions include uses involving: institutional drug delivery systems (such as at hospitals, nursing homes and pharmacies), and other similar drug delivery systems, epidural trays, stock bins for general dispensing of unit dose (UD) dispensing, receptacles for sorting of outpatient medicine, separation of narcotics for individual floors for patient medications/IV pick-up, team-R carts, code carts, cassettes for labor and delivery tackle boxes, cardiovascular operating room buckets, drawer liners for wooden and other types of cabinets or wire storage racks, buckets that are sent via dumbwaiter, pneumatic tubes for lab and blood-born pathogens (i.e., lab samples), and intravenous room separation of refrigerated IV solutions.

Brief Description of the Drawings

These and other features, objects and advantages of the present invention will become apparent from the following description and drawings wherein like reference numerals represent like elements in several views, and in which:

FIGURE 1 is a perspective view of a medication cart as such carts are known in the art of the invention;

FIGURE 2 is a perspective view of an individual drawer or bin as such bins are known in the art of the invention and used in prior art medication carts;

FIGURE 3 is an exploded perspective view of the disposable bin liner and divider accessory in relation to its placement in a bin;

FIGURE 4 is a top view of the disposable bin liner;

FIGURE 5 is a side view of a nested stack of disposable bin liners;

FIGURE 6 is a perspective view of a bin liner dispenser system;

FIGURE 7 is a perspective view of another embodiment of a bin liner made in accordance with the present invention including a sealable cover for the liner;

FIGURE 8 is a perspective view of still another embodiment of the present invention showing the bin liner having a removable, sealed cover;

FIGURE 9 is a perspective view showing a stacked array of bin liners made in accordance with one preferred embodiment of the invention; and

FIGURE 10 is still another perspective view with partial cross-sections, illustrating further details of construction of another embodiment of the invention.

Detailed Description of the Preferred Embodiment

Set forth below is a description of what is currently believed to be the preferred embodiment or best example of the invention claimed. Future and present alternatives and modifications to this preferred embodiment are contemplated. Any alternatives or modifications which make insubstantial changes in function, in purpose, in structure or in results are intended to be covered by the appended claims.

FIGURE 1 depicts a medication cart 10 that is known in the art and commonly used in patient care facilities. The cart housing 12 is typically constructed of aluminum, steel, or some combination of these materials. In some cases the cart 10 may also include some molded industrial plastic parts. The interior of the housing 12 is partitioned to support a plurality of drawers or bins 13 that can be slid or rolled out for access. Typically, medication carts 10 have a single sided design (as shown in FIGURE 1) and may include other accessories such as lock systems, waste containers, counter tops (not shown) and other similar features as are known in the art.

Medication cart drawers 13 (FIGURE 2) are commonly made of plastic and housed in a metal medication cart 10. Each drawer 13 typically has two side panels 14, an end panel 15, a front panel 16 and a bottom 17. In some variations, the drawer 13 may also have a top (not shown). The front panel 16 of a typical drawer 13 includes an identification plate 18 which is used to hold information about a specific patient. As drawers 13 are used, their interiors 17 become soiled by various spills and by contact with care providers and used patient care equipment.

In a preferred embodiment of the invention, the drawer 13 is constructed without a bottom. Prior to each use, the drawer 13 receives a liner 20 (see FIGURE 3) comprised of two side panels 21, an end panel 22, a front panel 23 and a bottom 24. The liner 20 also may include an identification panel or tab 25 attached to the front panel 23. At the junction of the side panels 21 to the front 23 and end panel 22, the liner corners 26 are tapered so that the bottom panel 24 is smaller than the opening at the top of the liner 20. The side panels 21 of the liner 20 may include inwardly extending channels or ribs 27 spaced so that ribs 27 on opposing side panels 21 are aligned. The ribs 27 are also positioned to align with vertical rails that may be present on the insides of side panels 14 of drawers 13. Individual ribs 27 may be a constant width (as in FIGURE 3) or may be tapered with a narrower width at the top of the liner and a greater width at the bottom (as in FIGURE 6). Dividers 28 are comprised of a center panel 29 and two end tabs 30. In a complete assembly of the preferred embodiment, dividers 28 are inserted into the liner 20, and the liner 20 is then positioned within the drawer 13. At the end of a use (an interval defined by the care provider), the liner 20 and dividers 28 are removed and replaced.

The liner 20 may be made of any common and easily fabricated disposable material, such as injection or vacuum molded plastic. Preferably, liner 20 is made of bacteriostatic plastic. Dividers 28 are preferably made of the same material as the liner 20.

Liners 20 and dividers 28 may be made in various colors or color combinations to allow for color coding according to patient or staff designations or any other desired classification system.

The end tabs 30 are sized to be complimentary to the ribs 27 and fit snugly between adjacent ribs 27 in the liner side panels 21 (see FIGURE 4). When installed in the liner 20, the lower edge of the center panel 29 of the divider 28 is generally flush with the liner bottom 24. Dividers 28, as needed, are inserted into the liner 20 to create smaller compartments 31 in the drawer 13. The identification tab 25 is angled to overlay the identification plate 18 when the liner 20 is installed in the drawer 13. Patient information 32 is preferably affixed to the identification tab 25 to avoid the need to continually remove and replace patient information on the identification plate 18.

The tapered corners 26 of the liner 20 allow a plurality of liners 20 to be stored in a nested stack 35 (see FIGURE 5). In the preferred embodiment, the taper angle 36 is such that the space between adjacent bottom panels 24 in a nested stack 35 is minimized. This sizing is for convenience in storage and retrieval of individual liners 20. When the liners 20 are tapered in this fashion, the dividers 28 are also tapered to fit within the liners.

For the convenience of the user, the preferred embodiment includes a dispenser system 40 (see FIGURE 6). The dispenser 40 is comprised of a rectangular container 45 with two side panels 41, two end panels 42, a bottom panel 43 and an open top. Alternatively, one or both end panels 42 may incorporate perforations to permit removal of a center portion to form openings 44. The container 45 is large enough to hold a nested stack 35 of liners. The end panels 42 include a cut-out opening 44 wide enough for hand access to the liners 20 which are drawn out through the top. In a wall mounted dispenser system, the dispenser 40 also includes mounting brackets 46 attached to a side panel 41

of the dispenser 40. Dispensers 40 may be of a permanent or disposable type. A disposable dispenser 40 is preferably made of cardboard or similar material. A permanent dispenser 40 is preferably made of high impact plastic. In an alternative embodiment, a permanent dispenser 40 may be sized to hold a disposable dispenser 40. In either case, it is preferred that the dispenser 40 include a means to identify the color of the liners 20 being stored. Such means include the use of color coded labels, bar codes, windows and other techniques as are known in the art. In an alternative to the preferred embodiment, the drawer 13 need not be bottomless to obtain the benefits of the invention. While it is believed that the bottomless drawer 13 insures that a liner 20 is used and is therefore preferable, it is recognized that existing medication carts 10 have drawers 13 with bottoms 17 that are suitable for use with the invention. It is also recognized that medication carts 10 and drawers 13 have been and will be made in shapes other than regular geometric rectangles. It is within the scope of the invention then that liners 20, dividers 28, dispensers 40 and other components of the preferred embodiment may be of any shape that generally conforms to the interior contours of a drawer.

While the illustrated preferred embodiment is directed to use in medication carts 10, the principles of the invention are equally adaptable for other health care applications including other drug delivery systems, epidural trays, stock bins for unit dose (UD) dispensing, outpatient and home health care medicine receptacles, separation of narcotics, team-R carts, code carts, labor and delivery tackle boxes, cardiovascular operating room

buckets, laboratory samples, intravenous solutions and other medical cabinets and storage systems as are known in the art.

As illustrated in FIGURES 7-10, alternative forms of the bin liner may be designed to enhance its functionality. For example, the bin liner 50, illustrated in FIGURE 7, is provided with a cover 52 which may be joined to the end wall 54 of the liner via a living hinge 56. Cover 52 may be opened and closed repeatedly and includes a peripheral flange 58 that effectively seals the contents within the bin when the liner cover is closed. The liner 50 and cover 52 may be easily fabricated using conventional plastic molding technology.

Likewise, FIGURE 8 illustrates a bin liner 60 having a peelable cover 62 which also seals the bin. A pull tab 64 may be employed to facilitate removal of the cover.

FIGURE 9 shows an array of bin liners 70, each having a cover 72. Each individual bin liner and its associated cover may be removed from the array simply by tearing along the perforated separation lines 74.

Finally, the bin liners may be provided with bottom walls having varying configurations. An "egg carton" arrangement is employed in the bin bottom 59, as shown in FIGURE 7, to cushion the contents of the bin and thereby reduce the potential for breakage. Other arrangements, such as the package recesses 76 (as illustrated in FIGURE 9) or the ampule recesses 82 used in bin liner 80 (as illustrated in FIGURE 10) may also be advantageously employed.

The above description is not intended to limit the meaning of the words used in the following claims that define the invention. Rather, it is contemplated that future modifications in structure, function or result will exist that are not substantial changes and that all such insubstantial changes in what is claimed are intended to be covered by the claims.